



Centralized Scheduling: Improving the Process to Decrease No Show Rates, and Increase Clinicians' Productivity.

Brian D. Musolf, M.A., LPC

Charleston/Dorchester Mental Health Center

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I. Introduction to the South Carolina Department of Mental Health

The South Carolina Department of Mental Health (SCDMH) consists of inpatient and outpatient centers. SCDMH has 17 outpatient community mental health centers with 42 clinics across the state. SCDMH also operates two inpatient psychiatric hospitals, 4 nursing homes, and South Carolina's sexually violent predator program. The Charleston/Dorchester Mental Health Center (CDMHC) consists of two clinics serving their respective counties. The mission of SCDMH is to provide mental health services to children, adults and their families who are affected by serious mental illness, and significant emotional disorders.

II. Problem Statement

This project was selected to explore, and possibly improve the effectiveness of the centralized scheduling process that was introduced to SCDMH in December of 2015, through a state contract with MTM Services. MTM Services is a consultation firm that assists organizations with making significant changes in their service delivery systems to improve the quality of care being delivered, decrease cost associated with service delivery, and improve clinician productivity and clinical outcome measures.

Decreasing patient no-show rates has always been a challenging issue to address in the healthcare field. No-shows impact productivity as clinicians wait for patients who never arrive. Missed appointments can also contribute to gaps in treatment, and studies show that failure to attend routinely scheduled psychiatric outpatient appointments increases the risk of hospitalization. Relapse hospitalizations are also increased in patients with high no show rates

and gaps in their treatment regimen (Offord, Lin, Wong). Patients who miss an appointment are more functionally impaired—also contributing to a higher risk and rate of rehospitalization (Nelson, Maruish, Axler). Centralized scheduling was one of the areas addressed during SCDMH's yearlong partnership with MTM, with the goals to decrease patient no show rates, reduce gaps in care for our patients, and improve clinician productivity. Due to the absence of a uniform scheduling system in the agency at that time, the system would be built from the ground up, and not fully implemented until July 1, 2016.

III. Previous Scheduling System/Current Scheduling System

Historically, scheduling counseling appointments at the CDMHC was the responsibility of the assigned clinician. The clinician would meet with the patient, and at the end of the session enter the appointment into the Electronic Medical Record (EMR) with the patient present, then give the patient an appointment reminder card. There was usually no follow up contact regarding the appointment after the card was given. This system left it up to the patient to remember his/her appointment with no reminder call, email or text. It also allowed clinicians the ability to customize schedules to their benefit, which negatively impacted patient accessibility.

When centralized scheduling went into effect, all clinic-based counselors lost their ability to schedule appointments in EMR (clinic-based counselors make up approximately 25% of billing staff at CDMHC). This left only schedulers, supervisors, and out-stationed clinicians with scheduling privileges. The current scheduling process for CDMHC is as follows:

- Clinician is responsible for rescheduling a patient after a therapy appointment. This is done by the clinician calling or emailing the scheduler with the appointment request.
- Clinician is responsible for scheduling patients that haven't been seen recently and don't have an appointment scheduled. All attempted contacts should be documented in generic notes.
- Clinician will reschedule a patient that has no showed an appointment. Clinicians are asked to contact the patient once they no show. If they are unable to reach the patient to reschedule, the clinician can leave a message for the patient to contact the scheduler to reschedule.
- When a patient calls to cancel a scheduled appointment, either the clinician or the scheduler can reschedule the patient. If the clinician is rescheduling they will call or email the scheduler with the appointment request.
- Scheduler will cancel and reschedule patients when a clinician calls out.
- Patients from Intake that never engage:
 - If the patient no shows the initial therapy appointment, the clinician will attempt to contact the patient to reschedule. Either clinician or scheduler can schedule the second appointment.
 - If the patient no shows the second appointment, the clinician will send the case to the intake clinician to close the case.

The current process has either the clinician or the scheduler performing scheduling duties. This “either or” approach is confusing, and has been met with criticism from both the clinicians and schedulers.

IV. Data Collection & Analysis

Two surveys were designed for clinicians and schedulers to complete to assess areas of satisfaction and concern they had with regard to the centralized scheduling process. The surveys were sent to 10 clinicians who interacted with schedulers on a daily basis. An additional 10 surveys were sent to the scheduling department so they could identify areas of concern they had with the current process. All 20 surveys were completed and returned. Reviews of the clinician surveys revealed a majority of clinicians were dissatisfied with the current scheduling

system, and felt scheduler response time could be better. According to the survey, clinicians felt like centralized scheduling had not increased their productivity since it was fully implemented. Lastly, the clinician survey reported clinicians had only a moderate amount of trust with regard to schedulers being able to perform their job duty. Review of the schedulers' survey revealed that most felt like they were easily accessible to clinicians, and responded quickly to clinicians' scheduling requests. According to the survey, schedulers were satisfied with the current system and believed it had increased clinicians' productivity. The data collected from the SCDMH Office of Network Information Technologies compared Kept/Not Kept (Cancelled)/No-show rates from July 2015 to November 2015 (Fiscal Year 2016), and Kept/Not Kept (Cancelled)/No-show rates from July 2016 to November 2016 (Fiscal Year 2017). CDMHC Productivity from FY2016 (Fiscal Year 2016) was compared with CDMHC Productivity from July 2016 to December 2016 (Fiscal Year 2017). According to the scheduling report, there was a decrease in scheduled appointments in the first quarter of FY2017 (47,352) when compared to FY2016 (51,509). The first quarter report also shows an increase of No-shows in FY2017 (6,273) compared to 5,735 in FY2016. CDMHC has experienced a decrease in clinician productivity since centralized scheduling was fully implemented. CDMHC's productivity average for Quarter 1 and 2 of FY2016 was 798.5 hours, while the productivity average for Quarter 1 and 2 of FY2017 was 771.6 hours (See Appendix D: CDMHC Annualized Productivity Averages 2014-2016). The decrease in productivity could be attributed to other variables as well. For instance, 6% of staff in the first half of FY2017 switched to non-billing positions compared to 5% in FY2016. Also, CDMHC had 16 less clinic-based counselors in the 2nd quarter of FY2017 than in FY2016, which may explain a decrease in productivity.

V. Implementation Plan and Evaluation Method

As mentioned earlier, the focus of SCDMH is to support the recovery of those with mental illness, and it is the mission of the Charleston/Dorchester Mental Health Center to carry out that mission in the most efficient manner, while still providing patient-centered care. A PIT (Performance Improvement Team) compiled of senior management, supervisors, schedulers and clinicians, continues to meet monthly to address areas of concern, barriers to the process, and possible solutions. Beginning January 3, 2017, No-show reports will be run and reviewed by the scheduling team daily, and one time no-shows will be contacted by the scheduler for rescheduling the following day, or within two days. Clinicians will setup recurring appointments with their patients, and if a patient needs to reschedule, they will contact the scheduler. Clinicians will stop using personal day planners/books to schedule appointments alongside the scheduler. Schedulers will be accessible during normal business hours, and if the assigned scheduler is unavailable at the time of a scheduling request, a backup scheduler will be available. The entire scheduling team will be made aware of scheduling requests through a Centralized Scheduling group email. Clinicians will escort their patients to the scheduler's window when the session is over to ensure every patient exits the clinic with a follow up appointment. All administrative staff will have scheduling rights so they can assist when there is a line at the scheduler's window. With regard to barriers, Dorchester Mental Health Center's lobby area will have to be modified due to having only one window to check in and out of. The window is currently utilized by the receptionist, with no room available for a scheduler.

VI. Summary and Recommendations

This project has exposed some areas of concern with regard to the Centralized Scheduling process. Reports show that there have been some improvements with regard to decreasing no-shows and cancellations, but productivity has also decreased. After I reviewed the clinician and scheduler surveys, and interviewed members of the PIT, it became obvious that there was a breakdown in communication between the schedulers and clinical staff, and that this transformational approach to change had been met with considerable resistance from change agents in the agency and their employees. Schedulers felt confident in their job performance and the scheduling process, while clinicians felt the process was confusing and not helpful. Inconsistencies regarding how and when to utilize scheduling staff has contributed to the confusion and lack of buy in from clinical staff. It should be noted that the majority of clinical staff have been resistant to the scheduling process since its inception, and have routinely requested to have their scheduling rights given back. This negation/denial is often the first stage experienced by employees when facing change in the workplace. Change readiness is an important factor to acknowledge when implementing a new process. Changes in work processes can be inconvenient and disruptive initially, and some employees will naturally feel uncertain or even angry. It is important for supervisors to recognize their employees' doubts and uncertainties, and continue to educate their staff, and be available for questions/concerns. Clemmer explains, "Change can't be managed. Change can be ignored, resisted, responded to, capitalized upon and created. But it can't be managed and made to march to some orderly step-by-step process. However, whether change is a threat or an opportunity depends on how prepared we are. Whether we become change victims or victors depends on our readiness for

change.” Clinical supervisors will have to monitor their clinicians more closely regarding scheduling practices, and reinforce the scheduling process during team meetings and individual supervision sessions. Scheduling supervisors will also have to make sure schedulers are available and that they are following up with clinicians, and utilizing the no-show reports. A call/text reminder system should be explored as well. The implementation plan discussed in this project should be viewed as a starting point to address some of the issues of this relatively new and growing department.

References

- Clemmer, David, Management is an Oxymoron. Retrieved from <http://www.selfgrowth.com/articles/changemanagmentisanoxymoron.html>
- Offord S, Lin J, Wong B, et al. Impact of oral antipsychotic medication adherence on healthcare resource utilization among schizophrenic patients with Medicare coverage. Community Ment Health J. 2013;49(6):625-629.
- Nelson EA, Maruish ME, Axler JL. Effects of discharge planning and compliance with outpatient appointments on readmission rates. Psychiatr Serv. 2000;51(7):885-889.

Appendix A: Definitions of Terms/Acronyms

CDMHC – Charleston Dorchester Mental Health Center

DMH – Department of Mental Health

EMR – Electronic Medical Record

PIT – Performance Improvement Team

SCDMH – South Carolina Department of Mental Health

Appendix B: FY2016 Scheduling Report



Run Date: 11/14/2016

Run by: WWR79

Summary of Cancel / No-Show Appointments for 07/01/2015 through 06/30/2016

3B CHAS/DORCH COMM MENTAL HEALTH

===== APPOINTMENTS - KEPT and CANCELLED =====

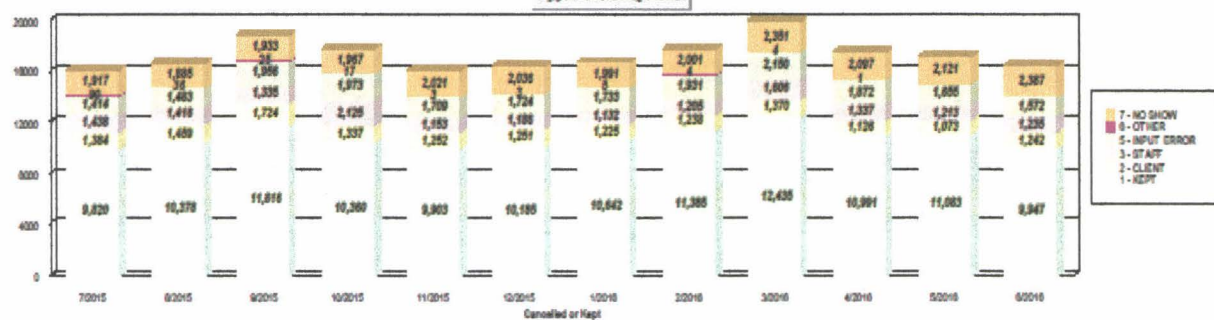
REASONS FOR CANCELLATION

1 - KEPT: 0000 2 - CLIENT: 0031 3 - STAFF: 0033 5 - INPUT ERROR: 0036 7 - NO SHOW: 0030

	1 - KEPT		2 - CLIENT		3 - STAFF		5 - INPUT ERROR		8 - OTHER		7 - NO SHOW		Total
	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$
07/2015	9,820	81.13%	1,384	8.62%	1,438	8.95%	1,414	8.80%	90	0.56%	1,917	17.03%	18,063
08/2015	10,378	82.30%	1,480	8.78%	1,418	8.50%	1,483	8.90%	36	0.22%	1,888	17.32%	18,687
09/2015	11,816	82.89%	1,724	9.18%	1,338	7.11%	1,966	10.41%	28	0.13%	1,933	10.29%	18,789
10/2015	10,360	88.27%	1,337	7.52%	2,125	11.95%	1,973	11.10%	17	0.10%	1,987	17.08%	17,779
11/2015	9,903	81.74%	1,282	7.80%	1,163	7.19%	1,709	10.85%	3	0.02%	2,021	12.80%	16,041
12/2015	10,185	82.18%	1,281	7.64%	1,188	7.24%	1,724	10.52%	3	0.02%	2,038	12.43%	16,388
01/2016	10,842	83.82%	1,228	7.32%	1,132	8.77%	1,733	10.38%	5	0.03%	1,991	11.90%	16,738
02/2016	11,385	84.09%	1,238	8.97%	1,205	8.78%	1,931	10.87%	4	0.02%	2,091	11.28%	17,764
03/2016	12,438	82.44%	1,370	8.88%	1,808	8.08%	2,150	10.80%	4	0.02%	2,381	11.80%	18,916
04/2016	10,991	83.08%	1,128	8.46%	1,337	7.87%	1,872	10.74%	1	0.01%	2,087	12.04%	17,424
05/2016	11,083	84.64%	1,073	8.28%	1,213	7.07%	1,888	9.85%	-	-	2,121	12.37%	17,145
06/2016	9,947	80.72%	1,242	7.58%	1,238	7.54%	1,872	9.80%	-	-	2,387	14.57%	16,383
Total	128,948	82.27%	16,881	7.67%	16,381	7.91%	21,172	10.22%	188	0.09%	24,787	11.89%	207,074

	INPUT ERROR		KEPT		NOT KEPT		Total
	\$	%	\$	%	\$	%	\$
07/2015	1,331	8.23%	9,820	81.13%	4,912	30.58%	18,063
08/2015	1,448	8.68%	10,378	82.30%	4,833	29.01%	18,687
09/2015	1,940	10.37%	11,816	82.89%	5,025	28.74%	18,789
10/2015	1,985	11.07%	10,360	88.27%	5,481	30.88%	17,779
11/2015	1,706	10.64%	9,903	81.74%	4,432	27.83%	16,041
12/2015	1,724	10.52%	10,185	82.18%	4,478	27.32%	16,388
01/2016	1,733	10.38%	10,842	83.82%	4,383	28.02%	16,738
02/2016	1,931	10.87%	11,385	84.09%	4,448	25.04%	17,764
03/2016	2,150	10.80%	12,438	82.44%	5,331	28.77%	18,916
04/2016	1,872	10.74%	10,991	83.08%	4,561	28.18%	17,424
05/2016	1,888	9.85%	11,083	84.64%	4,407	25.70%	17,145
06/2016	1,872	9.80%	9,947	80.72%	4,864	29.89%	16,383
Total	21,036	10.18%	128,948	82.27%	87,083	27.87%	207,074

Appointments by Month



Run Date: 11/14/2016

Run by: WWR73

Summary of Cancelled and No-Show Appointments for 07/01/2015 through 06/30/2016

3B CHAS/DORCH COMM MENTAL HEALTH

===== APPOINTMENTS - KEPT and CANCELLED =====

REASONS FOR CANCELLATION

1 - KEPT: 0000

2 - CLIENT: 0031

3 - STAFF: 0033

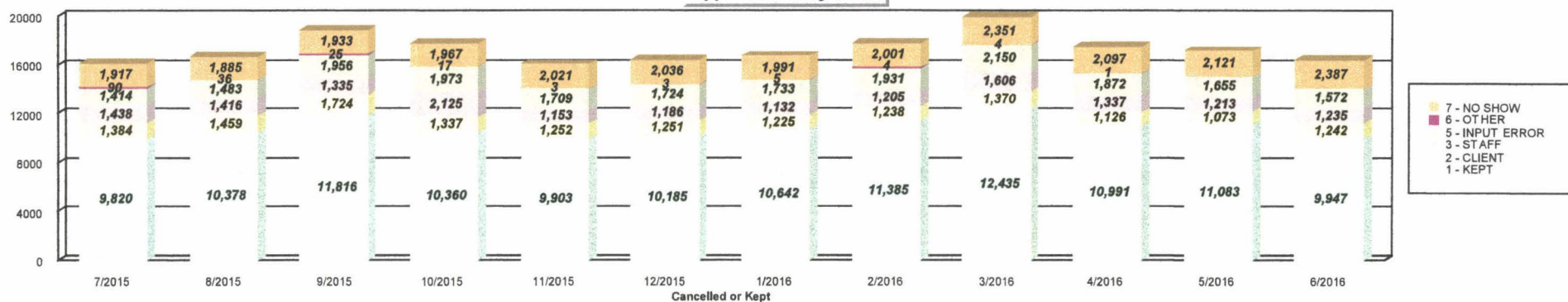
5 - INPUT ERROR: 0036

7 - NO SHOW: 0030

	1 - KEPT		2 - CLIENT		3 - STAFF		5 - INPUT ERROR		6 - OTHER		7 - NO SHOW		Total
	#	%	#	%	#	%	#	%	#	%	#	%	#
07/2015	9,820	61.13%	1,384	8.62%	1,438	8.95%	1,414	8.80%	90	0.56%	1,917	11.93%	16,063
08/2015	10,378	62.30%	1,459	8.76%	1,416	8.50%	1,483	8.90%	36	0.22%	1,885	11.32%	16,657
09/2015	11,816	62.89%	1,724	9.18%	1,335	7.11%	1,956	10.41%	25	0.13%	1,933	10.29%	18,789
10/2015	10,360	58.27%	1,337	7.52%	2,125	11.95%	1,973	11.10%	17	0.10%	1,967	11.06%	17,779
11/2015	9,903	61.74%	1,252	7.80%	1,153	7.19%	1,709	10.65%	3	0.02%	2,021	12.60%	16,041
12/2015	10,185	62.16%	1,251	7.64%	1,186	7.24%	1,724	10.52%	3	0.02%	2,036	12.43%	16,385
01/2016	10,642	63.62%	1,225	7.32%	1,132	6.77%	1,733	10.36%	5	0.03%	1,991	11.90%	16,728
02/2016	11,385	64.09%	1,238	6.97%	1,205	6.78%	1,931	10.87%	4	0.02%	2,001	11.26%	17,764
03/2016	12,435	62.44%	1,370	6.88%	1,606	8.06%	2,150	10.80%	4	0.02%	2,351	11.80%	19,916
04/2016	10,991	63.08%	1,126	6.46%	1,337	7.67%	1,872	10.74%	1	0.01%	2,097	12.04%	17,424
05/2016	11,083	64.64%	1,073	6.26%	1,213	7.07%	1,655	9.65%	-	-	2,121	12.37%	17,145
06/2016	9,947	60.72%	1,242	7.58%	1,235	7.54%	1,572	9.60%	-	-	2,387	14.57%	16,383
Total	128,945	62.27%	15,681	7.57%	16,381	7.91%	21,172	10.22%	188	0.09%	24,707	11.93%	207,074

	INPUT ERROR		KEPT		NOT KEPT		Total
	#	%	#	%	#	%	#
07/2015	1,331	8.29%	9,820	61.13%	4,912	30.58%	16,063
08/2015	1,446	8.68%	10,378	62.30%	4,833	29.01%	16,657
09/2015	1,948	10.37%	11,816	62.89%	5,025	26.74%	18,789
10/2015	1,968	11.07%	10,360	58.27%	5,451	30.66%	17,779
11/2015	1,706	10.64%	9,903	61.74%	4,432	27.63%	16,041
12/2015	1,724	10.52%	10,185	62.16%	4,476	27.32%	16,385
01/2016	1,733	10.36%	10,642	63.62%	4,353	26.02%	16,728
02/2016	1,931	10.87%	11,385	64.09%	4,448	25.04%	17,764
03/2016	2,150	10.80%	12,435	62.44%	5,331	26.77%	19,916
04/2016	1,872	10.74%	10,991	63.08%	4,561	26.18%	17,424
05/2016	1,655	9.65%	11,083	64.64%	4,407	25.70%	17,145
06/2016	1,572	9.60%	9,947	60.72%	4,864	29.69%	16,383
Total	21,036	10.16%	128,945	62.27%	57,093	27.57%	207,074

Appointments by Month



Appendix C: FY2017 Scheduling Report



Run Date: 11/14/2016

Run by: WWR73

Summary of Cancel / No-Show Appointments for 07/01/2016 through 11/14/2016

3B CHAS/DORCH COMM MENTAL HEALTH

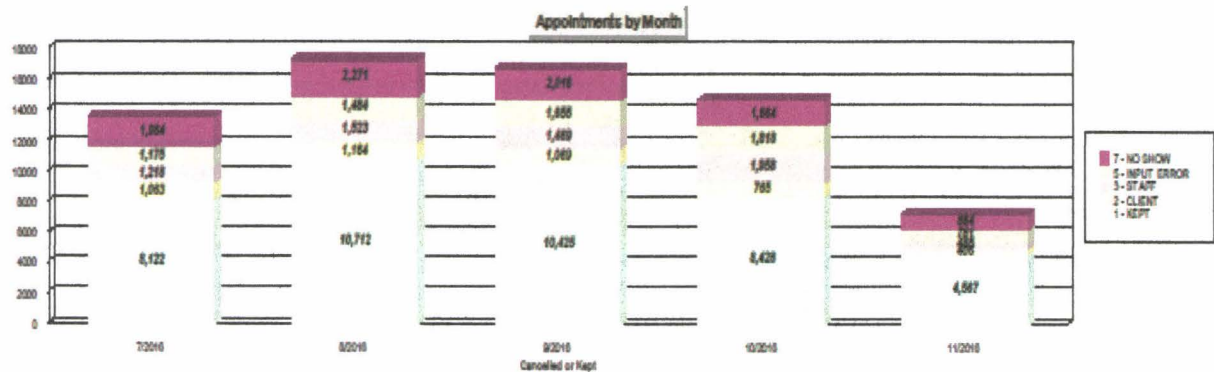
===== APPOINTMENTS - KEPT and CANCELLED =====

REASONS FOR CANCELLATION

1 - KEPT: 0000 2 - CLIENT: 0031 3 - STAFF: 0033 5 - INPUT ERROR: 0036 7 - NO SHOW: 0030

	1 - KEPT		2 - CLIENT		3 - STAFF		5 - INPUT ERROR		7 - NO SHOW		Total
	\$	%	\$	%	\$	%	\$	%	\$	%	\$
07/2016	8,122	59.89%	1,083	7.84%	1,218	8.98%	1,175	8.68%	1,984	14.63%	13,862
08/2016	10,712	82.49%	1,184	8.79%	1,523	8.58%	1,484	8.65%	2,271	13.54%	17,164
09/2016	10,425	82.87%	1,069	8.43%	1,460	8.53%	1,665	9.35%	2,018	12.13%	16,636
10/2016	8,428	57.80%	785	5.23%	1,868	13.38%	1,818	12.42%	1,884	17.37%	14,833
11/2016	4,587	84.12%	406	5.70%	488	8.81%	781	10.98%	884	12.47%	7,123
Total	42,254	81.14%	4,487	8.48%	6,053	9.63%	6,913	10.00%	8,021	12.76%	69,108

	INPUT ERROR		KEPT		NOT KEPT		Total
	\$	%	\$	%	\$	%	\$
07/2016	1,175	8.68%	8,122	59.89%	4,265	31.43%	13,862
08/2016	1,484	8.65%	10,712	82.49%	4,968	28.90%	17,164
09/2016	1,665	9.35%	10,425	82.87%	4,546	27.39%	16,636
10/2016	1,818	12.42%	8,428	57.80%	4,387	29.98%	14,633
11/2016	781	10.98%	4,587	84.12%	1,775	24.92%	7,123
Total	6,913	10.00%	42,254	81.14%	19,941	28.86%	69,108



Summary of Cancel / No-Show Appointments
for 07/01/2016 through 11/14/2016

Run Date: 11/14/2016

Run by: WWR73

3B CHAS/DORCH COMM MENTAL HEALTH

===== APPOINTMENTS - KEPT and CANCELLED =====

REASONS FOR CANCELLATION

1 - KEPT: 0000

2 - CLIENT: 0031

3 - STAFF: 0033

5 - INPUT ERROR: 0036

7 - NO SHOW: 0030

	1 - KEPT		2 - CLIENT		3 - STAFF		5 - INPUT ERROR		7 - NO SHOW		Total
	#	%	#	%	#	%	#	%	#	%	#
07/2016	8,122	59.89%	1,063	7.84%	1,218	8.98%	1,175	8.66%	1,984	14.63%	13,562
08/2016	10,712	62.45%	1,164	6.79%	1,523	8.88%	1,484	8.65%	2,271	13.24%	17,154
09/2016	10,425	62.67%	1,069	6.43%	1,469	8.83%	1,655	9.95%	2,018	12.13%	16,636
10/2016	8,428	57.60%	765	5.23%	1,958	13.38%	1,818	12.42%	1,664	11.37%	14,633
11/2016	4,567	64.12%	406	5.70%	485	6.81%	781	10.96%	884	12.41%	7,123
Total	42,254	61.14%	4,467	6.46%	6,653	9.63%	6,913	10.00%	8,821	12.76%	69,108

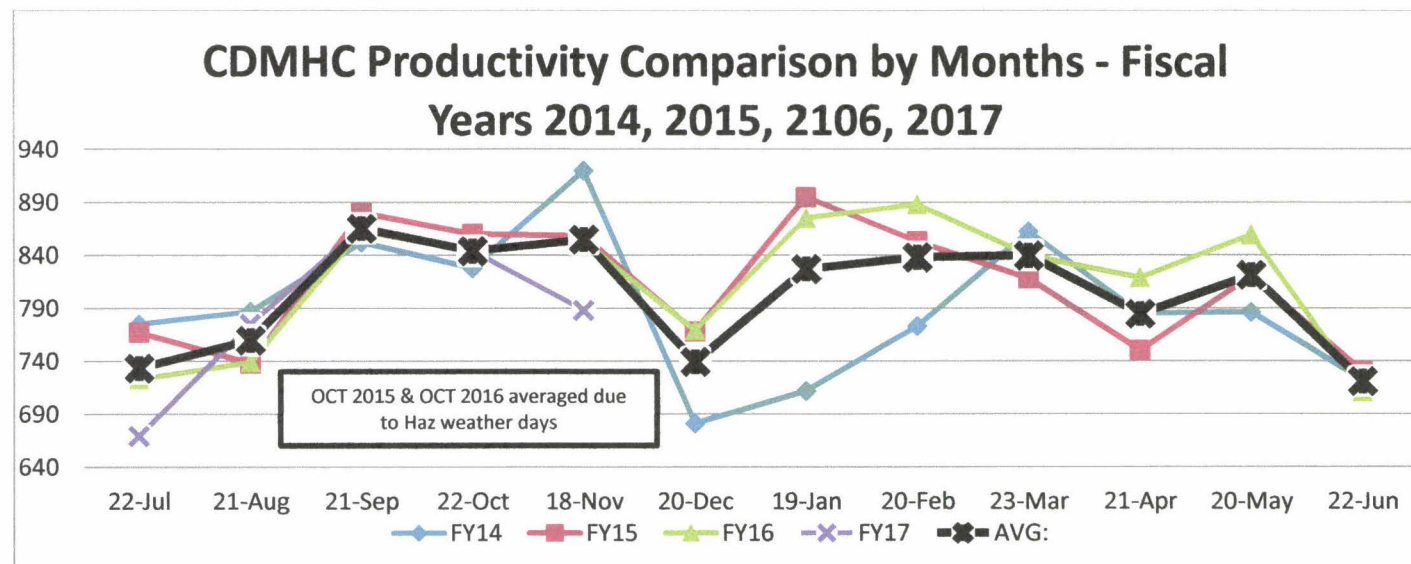
	INPUT ERROR		KEPT		NOT KEPT		Total
	#	%	#	%	#	%	#
07/2016	1,175	8.66%	8,122	59.89%	4,265	31.45%	13,562
08/2016	1,484	8.65%	10,712	62.45%	4,958	28.90%	17,154
09/2016	1,655	9.95%	10,425	62.67%	4,556	27.39%	16,636
10/2016	1,818	12.42%	8,428	57.60%	4,387	29.98%	14,633
11/2016	781	10.96%	4,567	64.12%	1,775	24.92%	7,123
Total	6,913	10.00%	42,254	61.14%	19,941	28.85%	69,108

Appointments by Month



Appendix D: CDMHC Annualized Productivity Averages 2014-2016

	22-Jul	21-Aug	21-Sep	22-Oct	18-Nov	20-Dec	19-Jan	20-Feb	23-Mar	21-Apr	20-May	22-Jun	
FY 14	775	787	852	828	920	681	712	773	862	785	786	722	
FY 15	767	738	880	860	858	768	895	853	818	750	820	730	
FY 16	723	739	863	844	853	769	875	888	839	819	859	711	
FY 17	669	775	866	844	788	688							
AV G:	734	760	865	844	855	739	827	838	840	785	822	721	9629
	7.62 %	7.89 %	8.99 %	8.77 %	8.88 %	7.68 %	8.59 %	8.70 %	8.72 %	8.15 %	8.53 %	7.49 %	100.00 %
	792			820			835			776			806
	24.49 %			25.32 %			26.02 %			24.17 %			



Appendix E: Clinician & Scheduler Questionnaires**Centralized Scheduling Questionnaire (Clinicians)**

1. How often do you utilize centralized scheduling?

Always**Usually****Sometimes****Never**

2. Is Scheduling staff available when you need them?

Always**Usually****Sometimes****Never**

3. Has your productivity percentage (direct billing hours) increased, decreased or stayed the same since centralized scheduling was introduced?

Increased**Decreased****Stayed the Same****Not sure**

4. How quickly does your scheduler follow up on requests?

Extremely quickly**Very quickly****Somewhat quickly****Not at all quickly**

5. How much trust do you have in the scheduling staff's ability to perform his/her job duty?

A great deal of trust**A moderate amount of trust****A little trust****No trust at all**

6. Overall, how satisfied or dissatisfied are you with the centralized scheduling process?

Very satisfied**Somewhat satisfied****Somewhat dissatisfied****Very dissatisfied**

7. Do you have any other comments, questions or concerns?



Centralized Scheduling Questionnaire (Clinicians)

1. How often do you utilize centralized scheduling?

Always

Usually

~~Sometimes~~

Never

2. Is Scheduling staff available when you need them?

Always

~~Usually~~

Sometimes

Never

3. Has your productivity percentage (direct billing hours) increased, decreased or stayed the same since centralized scheduling was introduced?

Increased

Decreased

Stayed the Same

Not sure

n/a

4. How quickly does your scheduler follow up on requests?

Extremely quickly

Very quickly

Somewhat quickly

Not at all quickly

5. How much trust do you have in the scheduling staff's ability to perform his/her job duty?

A great deal of trust

A moderate amount of trust

A little trust

No trust at all

6. Overall, how satisfied or dissatisfied are you with the centralized scheduling process?

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

7. Do you have any other comments, questions or concerns?

Centralized Scheduling doesn't schedule my appointments but I need IPMAs scheduled @ intake. I email requests at the beginning of the appointment and will receive a response in 7-14 days that an appointment letter has been mailed. This is really (SCP) & very inefficient. My answers reflect my experience w/ PMAs whereas if I need Alicia (early), she responds immediately.

Centralized Scheduling Questionnaire (Clinicians)

1. How often do you utilize centralized scheduling?

Always

Usually

Sometimes

Never

2. Is Scheduling staff available when you need them?

Always

Usually

Sometimes

Never

3. Has your productivity percentage (direct billing hours) increased, decreased or stayed the same since centralized scheduling was introduced?

Increased

Decreased

Stayed the Same

Not sure

4. How quickly does your scheduler follow up on requests?

Extremely quickly

Very quickly

Somewhat quickly

Not at all quickly

5. How much trust do you have in the scheduling staff's ability to perform his/her job duty?

A great deal of trust

A moderate amount of trust

A little trust

No trust at all

6. Overall, how satisfied or dissatisfied are you with the centralized scheduling process?

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

7. Do you have any other comments, questions or concerns?

Although my appointments are scheduled promptly upon request, there is often minimal follow through after initial phone call. I also feel Alicia is expected to do more than anyone should be with the amount of time she has available. Dorchester should have 2 full-time schedulers.

Centralized Scheduling Questionnaire (Clinicians)

1. How often do you utilize centralized scheduling?

Always

Usually

Sometimes

Never

2. Is Scheduling staff available when you need them?

Always

Usually

Sometimes

Never

3. Has your productivity percentage (direct billing hours) increased, decreased or stayed the same since centralized scheduling was introduced?

Increased

Decreased

Stayed the Same

Not sure

4. How quickly does your scheduler follow up on requests?

Extremely quickly

Very quickly

Somewhat quickly

Not at all quickly

5. How much trust do you have in the scheduling staff's ability to perform his/her job duty?

A great deal of trust

A moderate amount of trust

A little trust

No trust at all

6. Overall, how satisfied or dissatisfied are you with the centralized scheduling process?

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

7. Do you have any other comments, questions or concerns?

--

Centralized Scheduling Questionnaire (Clinicians)

1. How often do you utilize centralized scheduling?

Always

Usually

Sometimes

Never

They data entry my appts only.

2. Is Scheduling staff available when you need them?

Always

Usually

Sometimes

Never

75%

3. Has your productivity percentage (direct billing hours) increased, decreased or stayed the same since centralized scheduling was introduced?

Increased

Decreased

Stayed the Same

Not sure

n/a

4. How quickly does your scheduler follow up on requests?

Extremely quickly

Very quickly

Somewhat quickly

Not at all quickly

5. How much trust do you have in the scheduling staff's ability to perform his/her job duty?

A great deal of trust

A moderate amount of trust

A little trust

No trust at all

job duty is limited in my case

6. Overall, how satisfied or dissatisfied are you with the centralized scheduling process?

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

7. Do you have any other comments, questions or concerns?

I feel scheduling is part of therapeutic alliance. Also, the variables involved require more flexibility than the system allows.

Centralized Scheduling Questionnaire (Clinicians)

1. How often do you utilize centralized scheduling?

Always

Usually

Sometimes

Never

-email appts. to put in scheduler.

2. Is Scheduling staff available when you need them?

Always

Usually

Sometimes

Never

3. Has your productivity percentage (direct billing hours) increased, decreased or stayed the same since centralized scheduling was introduced?

Increased

Decreased

Stayed the Same

Not sure

4. How quickly does your scheduler follow up on requests?

Extremely quickly

Very quickly

Somewhat quickly

Not at all quickly

Emails = quick response usually
Meetings = not at all
some clients not called
+ discussed again at next meeting.

5. How much trust do you have in the scheduling staff's ability to perform his/her job duty?

A great deal of trust

A moderate amount of trust

A little trust

No trust at all

6. Overall, how satisfied or dissatisfied are you with the centralized scheduling process?

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

7. Do you have any other comments, questions or concerns?

Let schedulers do all scheduling (like WAC) or give us scheduling privileges. The back + forth communication via emails is ~~not~~ not effective + decreasing productivity.

Address double booking issue - if I get double-booked b/c they didn't answer my email to schedule why do I have to call + R/S?

Centralized Scheduling Questionnaire (Clinicians)

1. How often do you utilize centralized scheduling?

Always

Usually

Sometimes

Never

2. Is Scheduling staff available when you need them?

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Usually

Sometimes

Never

3. Has your productivity percentage (direct billing hours) increased, decreased or stayed the same since centralized scheduling was introduced?

Increased

Decreased

Stayed the Same

Not sure

4. How quickly does your scheduler follow up on requests?

Extremely quickly

Very quickly

Somewhat quickly

Not at all quickly

5. How much trust do you have in the scheduling staff's ability to perform his/her job duty?

A great deal of trust

A moderate amount of trust

A little trust

No trust at all

6. Overall, how satisfied or dissatisfied are you with the centralized scheduling process?

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

7. Do you have any other comments, questions or concerns?

--

Centralized Scheduling Questionnaire (Clinicians)

1. How often do you utilize centralized scheduling?

Always Usually **Sometimes** Never

2. Is Scheduling staff available when you need them?

Always Usually **Sometimes** Never

3. Has your productivity percentage (direct billing hours) increased, decreased or stayed the same since centralized scheduling was introduced?

Increased Decreased **Stayed the Same** Not sure

4. How quickly does your scheduler follow up on requests?

Extremely quickly **Very quickly** Somewhat quickly Not at all quickly

5. How much trust do you have in the scheduling staff's ability to perform his/her job duty?

A great deal of trust **A moderate amount of trust** A little trust No trust at all

6. Overall, how satisfied or dissatisfied are you with the centralized scheduling process?

Very satisfied **Somewhat satisfied** Somewhat dissatisfied Very dissatisfied

7. Do you have any other comments, questions or concerns?

--

Centralized Scheduling Questionnaire (Clinicians)

1. How often do you utilize centralized scheduling?

Always Usually Sometimes Never

2. Is Scheduling staff available when you need them?

Always Usually Sometimes Never

3. Has your productivity percentage (direct billing hours) increased, decreased or stayed the same since centralized scheduling was introduced?

Increased Decreased Stayed the Same Not sure

4. How quickly does your scheduler follow up on requests?

Extremely quickly Very quickly Somewhat quickly Not at all quickly

5. How much trust do you have in the scheduling staff's ability to perform his/her job duty?

A great deal of trust A moderate amount of trust A little trust No trust at all

6. Overall, how satisfied or dissatisfied are you with the centralized scheduling process?

Very satisfied Somewhat satisfied Somewhat dissatisfied Very dissatisfied

7. Do you have any other comments, questions or concerns?

The scheduler assigned to our region has ~~been~~ been very little help has, on ~~occasional~~ occasions, not responded to request for scheduling. Usually,

have to end up calling & schedule appointments myself, and this usually means pt's go several weeks with being seen. I have gotten to the point of not utilizing at all.

Centralized Scheduling Questionnaire (Clinicians)

1. How often do you utilize centralized scheduling?

Always

Usually

Sometimes

Never

2. Is Scheduling staff available when you need them?

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Usually

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3. Has your productivity percentage (direct billing hours) increased, decreased or stayed the same since centralized scheduling was introduced?

Increased

Decreased

Stayed the Same

Not sure

4. How quickly does your scheduler follow up on requests?

Extremely quickly

Very quickly

Somewhat quickly

Not at all quickly

5. How much trust do you have in the scheduling staff's ability to perform his/her job duty?

A great deal of trust

A moderate amount of trust

A little trust

No trust at all

It's not the scheduler that I have a problem w/ it is the system.

6. Overall, how satisfied or dissatisfied are you with the centralized scheduling process?

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

7. Do you have any other comments, questions or concerns?

Although the scheduling staff is doing a great job. This new scheduling system has not relieved me of this duty b/c I am still scheduling the appointments. I think it would be a lot easier for clinicians & the scheduler if clinicians have some capability (i.e. add/make changes to appointments, be able to block times). Schedulers could focus on the clients that clinicians are having a difficult time to reach for scheduling.

(sending via email)
↓
which can be more time consuming

Centralized Scheduling Questionnaire (Schedulers)

1. How often do you utilize centralized scheduling?

Always **Usually** **Sometimes** **Never**

2. Is Scheduling staff available to clinicians when they need them?

Always **Usually** **Sometimes** **Never**

3. Do you feel the centralized scheduling process has increased/decreased clinicians' productivity since it was implemented?

Increased **Decreased** **Not sure**

4. How quickly do schedulers follow up on appointment requests?

Extremely quickly **Very quickly** **Somewhat quickly** **Not at all quickly**

5. Do you feel like you have the appropriate tools/support/supervision to perform your scheduling job duty?

Yes **No** **Not sure**

6. Overall, how satisfied or dissatisfied are you with the centralized scheduling process?

Very satisfied **Somewhat satisfied** **Somewhat dissatisfied** **Very dissatisfied**

7. Do you have any other comments, questions or concerns?

I would like to see the clinicians utilize the process consistently and refer the clients to engagement without the department digging for clients to engage. Clinicians allowing us to work their caseload are sure to meet productivity expectations regularly. Want to work hand in hand with clinicians, but we would like to see their efforts in scheduling. The department has struggled with clinicians being engaged in the process on each Region (WAC) and Dorchester, but with supervisors and management enforcing it will work.

Centralized Scheduling Questionnaire (Schedulers)

1. How often do you utilize centralized scheduling?

☒ Always

☐ Usually

☐ Sometimes

☐ Never

2. Is Scheduling staff available to clinicians when they need them?

☒ Always

☐ Usually

☐ Sometimes

☐ Never

3. Do you feel the centralized scheduling process has increased/decreased clinicians' productivity since it was implemented?

☒ Increased

☐ Decreased

☐ Not sure

4. How quickly do schedulers follow up on appointment requests?

☐ Extremely quickly

☒ Very quickly

☐ Somewhat quickly

☐ Not at all quickly

5. Do you feel like you have the appropriate tools/support/supervision to perform your scheduling job duty?

☒ Yes

☐ No

☐ Not sure

6. Overall, how satisfied or dissatisfied are you with the centralized scheduling process?

☐ Very satisfied

☒ Somewhat satisfied

☐ Somewhat dissatisfied

☐ Very dissatisfied

7. Do you have any other comments, questions or concerns?

I would suggest ^{for} them to look at their schedules on a daily bases. at least 2 to 3 times a day because patients always get added in.

Centralized Scheduling Questionnaire (Schedulers)

1. How often do you utilize centralized scheduling?

☒ Always

☐ Usually

☐ Sometimes

☐ Never

2. Is Scheduling staff available to clinicians when they need them?

☒ Always

☐ Usually

☐ Sometimes

☐ Never

3. Do you feel the centralized scheduling process has increased/decreased clinicians' productivity since it was implemented?

☐ Increased

☐ Decreased

☒ Not sure

4. How quickly do schedulers follow up on appointment requests?

☐ Extremely quickly

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☐ Somewhat quickly

☐ Not at all quickly

5. Do you feel like you have the appropriate tools/support/supervision to perform your scheduling job duty?

☒ Yes

☐ No

☐ Not sure

6. Overall, how satisfied or dissatisfied are you with the centralized scheduling process?

☒ Very satisfied

☐ Somewhat satisfied

☐ Somewhat dissatisfied

☐ Very dissatisfied

7. Do you have any other comments, questions or concerns?

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Centralized Scheduling Questionnaire (Schedulers)

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5. Do you feel like you have the appropriate tools/support/supervision to perform your scheduling job duty?

☒ Yes

☐ No

☐ Not sure

6. Overall, how satisfied or dissatisfied are you with the centralized scheduling process?

☐ Very satisfied

☒ Somewhat satisfied

☐ Somewhat dissatisfied

☐ Very dissatisfied

7. Do you have any other comments, questions or concerns?

Some clinicians utilize centralized scheduling when they choose. Some who to utilize the admin. side, but nothing else

Centralized Scheduling Questionnaire (Schedulers)

1. How often do you utilize centralized scheduling?

Always

Usually

Sometimes

Never

2. Is Scheduling staff available to clinicians when they need them?

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Sometimes

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Not at all quickly

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Yes

No

Not sure

6. Overall, how satisfied or dissatisfied are you with the centralized scheduling process?

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

7. Do you have any other comments, questions or concerns?

No

Centralized Scheduling Questionnaire (Schedulers)

1. How often do you utilize centralized scheduling?

Always

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Sometimes

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2. Is Scheduling staff available to clinicians when they need them?

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Sometimes

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Increased

Decreased

Not sure

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Extremely quickly

Very quickly

Somewhat quickly

Not at all quickly

5. Do you feel like you have the appropriate tools/support/supervision to perform your scheduling job duty?

Yes

No

Not sure

6. Overall, how satisfied or dissatisfied are you with the centralized scheduling process?

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

7. Do you have any other comments, questions or concerns?

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Centralized Scheduling Questionnaire (Schedulers)

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Very quickly

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Not at all quickly

5. Do you feel like you have the appropriate tools/support/supervision to perform your scheduling job duty?

Yes

No

Not sure

6. Overall, how satisfied or dissatisfied are you with the centralized scheduling process?

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

7. Do you have any other comments, questions or concerns?

--

Centralized Scheduling Questionnaire (Schedulers)

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2. Is Scheduling staff available to clinicians when they need them?

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Sometimes

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3. Do you feel the centralized scheduling process has increased/decreased clinicians' productivity since it was implemented?

Increased

Decreased

Not sure

4. How quickly do schedulers follow up on appointment requests?

Extremely quickly

Very quickly

Somewhat quickly

Not at all quickly

5. Do you feel like you have the appropriate tools/support/supervision to perform your scheduling job duty?

Yes

No

Not sure

6. Overall, how satisfied or dissatisfied are you with the centralized scheduling process?

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

7. Do you have any other comments, questions or concerns?

No.

Centralized Scheduling Questionnaire (Schedulers)

1. How often do you utilize centralized scheduling?

Always Usually Sometimes Never

2. Is Scheduling staff available to clinicians when they need them?

Always Usually Sometimes Never

3. Do you feel the centralized scheduling process has increased/decreased clinicians' productivity since it was implemented?

Increased Decreased Not sure

4. How quickly do schedulers follow up on appointment requests?

Extremely quickly Very quickly Somewhat quickly Not at all quickly

5. Do you feel like you have the appropriate tools/support/supervision to perform your scheduling job duty?

Yes No Not sure

6. Overall, how satisfied or dissatisfied are you with the centralized scheduling process?

Very satisfied Somewhat satisfied Somewhat dissatisfied Very dissatisfied

7. Do you have any other comments, questions or concerns?

If appropriately utilized the scheduling team can implement processes more efficiently with continual outcomes.

Centralized Scheduling Questionnaire (Schedulers)

1. How often do you utilize centralized scheduling?

☒ Always

☐ Usually

☐ Sometimes

☐ Never

2. Is Scheduling staff available to clinicians when they need them?

☒ Always

☐ Usually

☐ Sometimes

☐ Never

3. Do you feel the centralized scheduling process has increased/decreased clinicians' productivity since it was implemented?

☒ Increased

☐ Decreased

☐ Not sure

4. How quickly do schedulers follow up on appointment requests?

☐ Extremely quickly

☒ Very quickly

☐ Somewhat quickly

☐ Not at all quickly

5. Do you feel like you have the appropriate tools/support/supervision to perform your scheduling job duty?

☒ Yes

☐ No

☐ Not sure

6. Overall, how satisfied or dissatisfied are you with the centralized scheduling process?

☐ Very satisfied

☒ Somewhat satisfied

☐ Somewhat dissatisfied

☐ Very dissatisfied

7. Do you have any other comments, questions or concerns?

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